

Sumner County Final Questionnaire
March 9, 2000
(edited May 11,2000)

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HELLO, I'm _____ calling for the Sumner Community Health Organization and the Kansas Department of Health and Environment. We're gathering information on the health practices of Sumner County residents to guide health policies. Your phone number has been chosen randomly, and we'd like to ask some questions about day-to-day living habits which may affect health.

Is this [phone number]? If "no": Thank you very much, but I seem to have dialed the wrong number, It's possible that your number may be called at a later time. **Stop**

Is this a private residence? If "no": Thank you very much, but we are only interviewing private residences. **Stop**

Is this residence located in Sumner County? If "no": Thank you very much, but we are only interviewing residents of Sumner County. **Stop**

Our study requires that we randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

If "1" Are you the adult?

If "yes": Then you are the person I need to speak with. **Go to page 3**

If "no": May I speak with him or her? **Go to "correct respondent" at bottom of page**

How many of these adults are men and how many are women?

The person in your household that I need to speak with is _____. If "you," **go to page 3**

To correct respondent:

Hello, I'm _____ calling for the Sumner Community Health Organization and the Kansas Department of Health and Environment. We're gathering information on the health practices of Sumner County residents to guide health policies. You have been chosen randomly to be interviewed, and we'd like to ask some questions about day-to-day living habits that may affect health.

Person interested, continue:

We do not ask for your name, address, or other personal information that identifies you. The phone number is erased once we finish all interviews at the end of the year. You don't have to answer any question you don't want to, and you are free to end the interview at any time. The interview takes _____ minutes. All information you give us will be confidential. If you have any questions about this survey, I will provide a toll free telephone number for you to call to get more information.

Section 1: Health Status

1. Would you say that in general your health is:

Please Read

- | | | |
|----|-----------|---|
| a. | Excellent | 1 |
| b. | Very good | 2 |
| c. | Good | 3 |
| d. | Fair | 4 |
| or | | |
| e. | Poor | 5 |

Do not read these responses	Don't know/Not Sure	7
	Refused	9

Section 2: Health Care Access

2. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

- | | |
|---------------------------------------|---|
| a. Yes | 1 |
| b. No Go to Q. 4b | 2 |
| Don't know/Not sure Go to Q. 7 | 7 |
| Refused Go to Q. 7 | 9 |

3. Do you have Medicare?

- | | | |
|--|--------------------------|---|
| Medicare is a coverage plan for people 65 or over and for certain disabled people | a. Yes Go to Q. 7 | 1 |
| | b. No | 2 |
| | Don't know/not sure | 7 |
| | Refused | 9 |

4a. What type of health care coverage do you use to pay for most of your medical care? Is it coverage through:

Please Read

- | | |
|--|-----|
| a. Your employer Go to Q. 6 | 0 1 |
| b. Someone else's employer Go to Q. 6 | 0 2 |
| c. A plan that you or someone else buys on your own Go to Q. 6 | 0 3 |
| d. Medicare Go to Q. 6 | 0 4 |
| e. Medicaid or Medical Assistance [or substitute state program name] Go to Q. 6 | 0 5 |
| f. The military, CHAMPUS, or the VA [or CHAMP-VA] Go to Q. 6 | 0 6 |
| g. The Indian Health Service [or the Alaska Native Health Service] Go to Q. 6 | 0 7 |
| or | |
| h. Some other source Go to Q. 6 | 0 8 |

Do not read these responses	None Go to Q. 5	8 8
	Don't know/Not sure Go to Q. 6	7 7
	Refused Go to Q. 6	9 9

- 4b. There are some types of coverage you may not have considered. Please tell me if you have any of the following:

Coverage through:
Please Read

If more than one, ask "Which type do you use to pay for most of your medical care?"	a. Your employer Go to Q.6	0 1
	b. Someone else's employer Go to Q.6	0 2
	c. A plan that you or someone else buys on your own Go to Q.6	0 3
	d. Medicare Go to Q.6	0 4
	e. Medicaid or Medical Assistance [or substitute state program name] Go to Q.6	0 5
	f. The military, CHAMPUS, or the VA [or CHAMP-VA] Go to Q.6	0 6
	g. The Indian Health Service [or the Alaska Native Health Service] Go to Q.6	0 7
	or	
	h. Some other source Go to Q.6	0 8
Do not read these responses	None	8 8
	Don't know/Not sure Go to Q. 7	7 7
	Refused Go to Q. 7	9 9

5. About how long has it been since you had health care coverage?

Read Only if Necessary

- | | |
|---|---|
| a. Within the past 6 months (1 to 6 months ago) | 1 |
| Go to Q. 7 | |
| b. Within the past year (6 to 12 months ago) | 2 |
| Go to Q. 7 | |

- c. Within the past 2 years (1 to 2 years ago) 3
Go to Q. 7
- d. Within the past 5 years (2 to 5 years ago) 4
Go to Q. 7
- e. 5 or more years ago **Go to Q. 7** 5
- Don't know/Not sure **Go to Q.7** 7
- Never **Go to Q. 7** 8
- Refused **Go to Q. 7** 9

6. During the past 12 months, was there any time that you did not have any health insurance or coverage?

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

7. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost?

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

8. Is there one particular doctor or health professional who you usually go to when you need routine medical care?

If "no," ask "Is there more than one or is there no usual doctor who you go to?"	a. Yes, only one	1
	b. More than one	2
	c. No	3
	Don't know/Not sure	7
	Refused	9

9. About how long has it been since you last visited a doctor for a routine checkup?

Read Only if Necessary

a. Within the past year (1 to 12 months ago)	1
b. Within the past 2 years (1 to 2 years ago)	2
c. Within the past 5 years (2 to 5 years ago)	3
d. 5 or more years ago	4
Don't know/Not sure	7
Never	8
Refused	9

Section 3: Hypertension Awareness

10. About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional?

Read Only if Necessary

- a. Within the past 6 months (1 to 6 months ago) 1
- b. Within the past year (6 to 12 months ago) 2
- c. Within the past 2 years (1 to 2 years ago) 3
- d. Within the past 5 years (2 to 5 years ago) 4
- e. 5 or more years ago 5
- Don't know/Not sure 7
- Never **Go to Q. 13** 8
- Refused 9

11. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

- a. Yes 1
- b. No **Go to Q. 13** 2
- Don't know/Not sure **Go to Q. 13** 7
- Refused **Go to Q. 13** 9

12. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once?

- a. More than once 1
- b. Only once 2
- Don't know/Not sure 7
- Refused 9

Section 4: Cholesterol Awareness

13. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (48)

- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Q. 16 | 2 |
| Don't know/Not sure Go to Q. 16 | 7 |
| Refused Go to Q. 16 | 9 |

14. About how long has it been since you last had your blood cholesterol checked? (49)

Read Only if Necessary

- | | |
|---|---|
| a. Within the past year (1 to 12 months ago) | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 5 years (2 to 5 years ago) | 3 |
| d. 5 or more years ago | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |

15. Have you ever been told by a doctor or other health professional that your blood cholesterol is high? (50)

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

Section 5: Diabetes

16. Have you ever been told by a doctor that you have diabetes? (51)

**If "Yes" and
female, ask
"Was this
only when
you were
pregnant?"**

- | | |
|---|---|
| a. Yes | 1 |
| b. Yes, but female told only during pregnancy | 2 |
| c. No | 3 |
| Don't know/Not sure | 7 |
| Refused | 9 |

Section 6: Exercise

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

17. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (52)

a. Yes 1

b. No **Go to Q. 27** 2

Don't know/Not sure **Go to Q. 27** 7

Refused **Go to Q. 27** 9

18. What type of physical activity or exercise did you spend the most time doing during the past month?(53-54)

Activity (specify): _____ — —

See coding list A

Refused **Go to Q. 22** 9 9

Ask Q. 19 only if answer to Q. 18 is running, jogging, walking, or swimming. All others, go to Q. 20.

19. How far did you usually walk/run/jog/swim?(55-57)

See coding Miles and tenths — —. —

list B if

response is Don't know/Not sure 7 7 7

not in miles

and tenths Refused 9 9 9

20. How many times per week or per month did you take part in this activity during the past month? (58-60)

a. Times per week 1 — —

b. Times per month 2 — —

Don't know/Not sure 7 7 7

Refused 9 9 9

- Hours and minutes __ : __ __
- Don't know/Not sure 7 7 7
- Refused 9 9 9
22. Was there another physical activity or exercise that you participated in during the last month?
(64)
- a. Yes 1
- b. No **Go to Q. 27** 2
- Don't know/Not sure **Go to Q. 27** 7
- Refused **Go to Q. 27** 9
23. What other type of physical activity gave you the next most exercise during the past month?
(65-66)
- Activity (specify): _____
- See coding list A**
- Refused **Go to Q. 27** 9 9

Ask Q. 24 only if answer to Q. 23 is running, jogging, walking, or swimming. All others go to Q25

24. How far did you usually walk/run/jog/swim? (67-69)

**See coding
list B if
response is
not in
miles and
tenths**

Miles and tenths	— —.
Don't know/Not sure	7 7 7
Refused	9 9 9

25. How many times per week or per month did you take part in this activity? (70-72)

a. Times per week 1 _ _

b. Times per month 2 _ _

Don't know/Not sure 7 7 7

Refused 9 9 9

26. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (73-75)

Hours and minutes _ : _ _

Don't know/Not sure 7 7 7

Refused 9 9 9

Section 7: Seat Belt Use

27. How often do you use seatbelts when you drive or ride in a car? (76)
Would you say:

Please Read

	a. Always	1
	b. Nearly Always	2
	c. Sometimes	3
	d. Seldom	4
	or	
	e. Never	5
Do not read these responses	Don't know/Not sure	7
	Never drive or ride in a car	8
	Refused	9

28. What is the age of the oldest child in your household under the age of 16? (77-78)

Code

**<1 yr.
as "01"**

a. Code age in years	— —
b. No children under age 16 Go to Q. 30	8 8
Don't know/Not sure Go to Q. 30	7 7
Refused Go to Q. 30	9 9

29. How often does the [fill in age from Q. 28]-year-old child in your household use a... (79)

car safety seat [for child under 5]

seatbelt [for child 5 or older]

...when they ride in a car?

Would you say:

Please Read

- | | |
|------------------|---|
| a. Always | 1 |
| b. Nearly always | 2 |
| c. Sometimes | 3 |
| d. Seldom | 4 |
| or | |
| e. Never | 5 |

- | | | |
|--|----------------------|---|
| Do not
read these
responses | Don't know/Not sure | 7 |
| | Never rides in a car | 8 |
| | Refused | 9 |

Section 8: Tobacco Use

30. Have you smoked at least 100 cigarettes in your entire life? (80)
5 packs
= 100
ciga-
rettes
- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Q. 35 | 2 |
| Don't know/Not sure Go to Q. 35 | 7 |
| Refused Go to Q. 35 | 9 |
31. Do you now smoke cigarettes everyday, some days, or not at all? (81)
- | | |
|----------------------------------|---|
| a. Everyday | 1 |
| b. Some days Go to Q. 32a | 2 |
| c. Not at all Go to Q. 34 | 3 |
| Refused Go to Q. 35 | 9 |
32. On the average, about how many cigarettes a day do you now smoke? (82-83)
1 pack
= 20
ciga-
rettes
- | | |
|---|-----|
| Number of cigarettes Go to Q. 33 | — — |
| Don't know/Not sure Go to Q. 33 | 7 7 |
| Refused Go to Q. 33 | 9 9 |
- 32a. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day? (84-85)
1 pack
= 20
ciga-
rettes
- | | |
|---|-----|
| Number of cigarettes Go to Q. 35 | — — |
| Don't know/Not sure Go to Q. 35 | 7 7 |
| Refused Go to Q. 35 | 9 9 |

33. During the past 12 months, have you quit smoking for 1 day or longer?(86)

a. Yes **Go to Q. 35** 1

b. No **Go to Q. 35** 2

Don't know/Not sure **Go to Q. 35** 7

Refused **Go to Q. 35** 9

34. About how long has it been since you last smoked cigarettes regularly, that is, daily? (87-88)

Read Only if Necessary

a. Within the past month (0 to 1 month ago) 0 1

b. Within the past 3 months (1 to 3 months ago) 0 2

c. Within the past 6 months (3 to 6 months ago) 0 3

d. Within the past year (6 to 12 months ago) 0 4

e. Within the past 5 years (1 to 5 years ago) 0 5

f. Within the past 15 years (5 to 15 years ago) 0 6

g. 15 or more years ago 0 7

Don't know/Not sure 7 7

Never smoked regularly 8 8

Refused 9 9

Section 9: Smokeless Tobacco Use

35. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff? (89)

Probe for chewing tobacco, snuff, or both	a. Yes, chewing tobacco	1
	b. Yes, snuff	2
	c. Yes, both	3
	d. No, neither Go to Q. 37	4
	Don't know/Not sure Go to Q. 37	7
	Refused Go to Q. 37	9

36. Do you currently use any smokeless tobacco products such as chewing tobacco or snuff? (90)

"Yes" includes occa- sional use	a. Yes, chewing tobacco	1
	b. Yes, snuff	2
	c. Yes, both	3
	d. No, neither	4
	Don't know/Not sure	7
	Refused	9

Section 10: Demographics

37. What is your age? (91-92)

Code age in years — —

Don't know/Not sure 0 7

Refused	0 9
---------	-----

38. What is your race? (93)

Would you say:

Please Read

a. White 1

b. Black 2

c. Asian, Pacific Islander 3

d. American Indian, Alaska Native 4
or

e. Other: (specify) 5

Do not	Don't know/Not sure	7
---------------	---------------------	---

read these responses	Refused	9
----------------------	---------	---

39. Are you of Spanish or Hispanic origin? (94)

a. Yes 1

b. No	2
-------	---

Don't know/Not sure 7

Refused	9
---------	---

40. Are you: (95)

Please Read

- | | |
|------------------------------------|---|
| a. Married | 1 |
| b. Divorced | 2 |
| c. Widowed | 3 |
| d. Separated | 4 |
| e. Never been married | 5 |
| or | |
| f. A member of an unmarried couple | 6 |
| Refused | 9 |

41. How many children live in your household who are...

Please Read

- | | | |
|----------------------|----------------------------------|---|
| Code 1-9 | a. less than 5 years old? (96) | — |
| 7 = 7 or more | | |
| 8 = None | b. 5 through 12 years old? (97) | — |
| 9 = Refused | | |
| | c. 13 through 17 years old? (98) | — |

42. What is the highest grade or year of school you completed? (99)

Read Only if Necessary

- | | |
|---|---|
| a. Never attended school or only kindergarten | 1 |
| b. Grades 1 through 8 (Elementary) | 2 |
| c. Grades 9 through 11 (Some high school) | 3 |
| d. Grade 12 or GED (High school graduate) | 4 |
| e. College 1 year to 3 years (Some college or technical school) | 5 |
| f. College 4 years or more (College graduate) | 6 |
| Refused | 9 |

43. Are you currently: (100)

Please Read

- | | |
|-------------------------------------|---|
| a. Employed for wages | 1 |
| b. Self-employed | 2 |
| c. Out of work for more than 1 year | 3 |
| d. Out of work for less than 1 year | 4 |
| e. Homemaker | 5 |
| f. Student | 6 |
| g. Retired | 7 |
| or | |
| h. Unable to work | 8 |
| Refused | 9 |

44. Is your annual household income from all sources: (101-102)

Read as Appropriate

If respondent refuses at any income level, code refused	a. Less than \$25,000 If "no," ask e; if "yes," ask b (\$20,000 to less than \$25,000)	0 4
	b. Less than \$20,000 If "no," code a; if "yes," ask c (\$15,000 to less than \$20,000)	0 3
	c. Less than \$15,000 If "no," code b; if "yes," ask d (\$10,000 to less than \$15,000)	0 2
	d. Less than \$10,000 If "no," code c	0 1
	e. Less than \$35,000 If "no," ask f (\$25,000 to less than \$35,000)	0 5
	f. Less than \$50,000 If "no," ask g (\$35,000 to less than \$50,000)	0 6
	g. Less than \$75,000 If "no," code h (\$50,000 to \$75,000)	0 7
	h. \$75,000 or more	0 8
Do not read these responses	Don't know/Not sure	7 7
	Refused	9 9

45. About how much do you weigh without shoes? (103-105)

Round fractions up	Weight in pounds	__ __ __
	Don't know/Not sure	7 7 7
	Refused	9 9 9

46. About how tall are you without shoes? (106-108)

Round fractions down	Height	__ / __ __ ft/inches
	Don't know/Not sure	7 7 7
	Refused	9 9 9

47. What is your zip code? (109-113)

Zip code - - - - -

Don't know/not sure 7 7 7 7 7

Refused 9 9 9 9 9

48. Do you have more than one telephone number in your household? (114)

a. Yes 1

b. No **Go to Q. 50** 2

Refused **Go to Q. 50** 9

49. How many residential telephone numbers do you have? (115)

Exclude dedicated fax and computer lines	Total telephone numbers [8=8 or more]	—
	Refused	9

50. Indicate sex of respondent. Ask Only if Necessary (116)

Male **Go to Q. 62** 1

Female 2

Section 11: Women's Health

These next few questions ask about medical exams you may have received.

51. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (117)

- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Q. 54 | 2 |
| Don't know/Not sure Go to Q. 54 | 7 |
| Refused Go to Q. 54 | 9 |

52. How long has it been since you had your last mammogram? (118)

Read only if Necessary

- | | |
|--|---|
| a. Within the past year (1 to 12 months ago) | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 3 years (2 to 3 years ago) | 3 |
| d. Within the past 5 years (3 to 5 years ago) | 4 |
| e. 5 or more years ago | 5 |
| Don't know/Not sure | 7 |
| Refused | 9 |

53. Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (119)

- | | |
|-------------------------------------|---|
| a. Routine checkup | 1 |
| b. Breast problem other than cancer | 2 |
| c. Had breast cancer | 3 |
| Don't know/Not sure | 7 |
| Refused | 9 |

54. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? (120)

- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Q. 57 | 2 |
| Don't know/Not sure Go to Q. 57 | 7 |
| Refused Go to Q. 57 | 9 |

55. How long has it been since your last breast exam? (121)

Read Only if Necessary

- | | |
|---|---|
| a. Within the past year (1 to 12 months ago) | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 3 years (2 to 3 years ago) | 3 |
| d. Within the past 5 years (3 to 5 years ago) | 4 |
| e. 5 or more years ago | 5 |
| Don't know/Not sure | 7 |
| Refused | 9 |

56. Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (122)

- | | |
|-------------------------------------|---|
| a. Routine Checkup | 1 |
| b. Breast problem other than cancer | 2 |
| c. Had breast cancer | 3 |
| Don't know/Not sure | 7 |
| Refused | 9 |

57. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (123)

- a. Yes 1
- b. No **Go to Q. 60** 2
- Don't know/Not sure **Go to Q. 60** 7
- Refused **Go to Q. 60** 9

58. How long has it been since you had your last Pap smear? (124)

Read Only if Necessary

- a. Within the past year (1 to 12 months ago) 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 3 years (2 to 3 years ago) 3
- d. Within the past 5 years (3 to 5 years ago) 4
- e. 5 or more years ago 5
- Don't know/Not sure 7
- Refused 9

59. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? (125)

- a. Routine exam 1
- b. Check current or previous problem 2
- Other 3
- Don't know/Not sure 7
- Refused 9

60. Have you had a hysterectomy? (126)

- | | | |
|---|---------------------------|---|
| A hysterectomy is an operation to remove the uterus (womb) | a. Yes Go to Q. 62 | 1 |
| | b. No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

If respondent 45 years old or older, go to Q. 62.

61. To your knowledge, are you now pregnant? (127)

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

Section 12: Immunization

62. During the past 12 months, have you had a flu shot? (128)

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

63. Have you ever had a pneumonia vaccination? (129)

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

Section 13: HIV/AIDS

If respondent is 65 years old or older, go to Section 14.

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

64. What are your chances of getting infected with HIV, the virus that causes AIDS? (130)
Would you say:

Please Read

a. High	1
b. Medium	2
c. Low	3
or	
d. None	4
Not applicable (Have HIV) Go to Q. 66	5
Do not read these responses Don't know/Not sure	7
Refused	9

65. Have you ever had your blood tested for HIV? (131)

a. Yes	1
b. No Go to Q. 70	2
Don't know/Not sure Go to Q. 70	7
Refused Go to Q. 70	9

66. When was your last blood test for HIV? (132-135)

Code month and year ____/____

Don't know/Not sure 7 7 7 7

Refused 9 9 9 9

67. What was the main reason you had your last blood test for HIV? (136-137)

Reason code — —

Read only if necessary

a. For hospitalization or surgical procedure	0 1
b. To apply for health insurance	0 2
c. To apply for life insurance	0 3
d. For employment	0 4
e. To apply for a marriage license	0 5
f. For military induction or military service	0 6
g. For immigration	0 7
h. Just to find out if you were infected	0 8
i. Because of referral by a doctor	0 9
j. Because of pregnancy	1 0
k. Referred by your sex partner	1 1
l. Because it was part of a blood donation process	1 2
m. For routine check-up	1 3
n. Because of occupational exposure	1 4
o. Because of illness	1 5
p. Because I am at risk for HIV	1 6
q. Other	8 7
Don't know/Not sure	7 7
Refused	9 9

68. Where did you have your last blood test for HIV? (138-139)

Facility Code __ __

Read only if necessary

a. Private doctor, HMO	0 1
b. Blood bank, plasma center, Red Cross	0 2
c. Health department	0 3
d. AIDS clinic, counseling, testing site	0 4
e. Hospital, emergency room, outpatient clinic	0 5
f. Family planning clinic	0 6
g. Prenatal clinic, obstetrician's office	0 7
h. Tuberculosis clinic	0 8
i. STD clinic	0 9
j. Community health clinic	1 0
k. Clinic run by employer	1 1
l. Insurance company clinic	1 2
m. Other public clinic	1 3
n. Drug treatment facility	1 4
o. Military induction or military service site	1 5
p. Immigration site	1 6
q. At home, home visit by nurse or health worker	1 7
r. At home using self-sampling kit	1 8
s. In jail or prison	1 9
t. Other	8 7
Don't know/Not sure	7 7
Refused	9 9

69. Did you receive the results of your last test? (140)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

Section 14: Quality of Life

These next questions are about limitations you may have in your daily life.

70. Are you limited in any way in any activities because of any impairment or health problem? (141)

- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Q. 75 | 2 |
| Don't know/Not sure Go to Q. 75 | 7 |
| Refused Go to Q. 75 | 9 |

71. What is the major impairment or health problem that limits your activities? (142-143)

- | | |
|---|-----|
| a. Arthritis/rheumatism | 0 1 |
| b. Back or neck problem | 0 2 |
| c. Fractures, bone/joint injury | 0 3 |
| d. Walking problem | 0 4 |
| e. Lung/breathing problem | 0 5 |
| f. Hearing problem | 0 6 |
| g. Eye/vision problem | 0 7 |
| h. Heart problem | 0 8 |
| i. Stroke problem | 0 9 |
| j. Hypertension/high blood pressure | 1 0 |
| k. Diabetes | 1 1 |
| l. Cancer | 1 2 |
| m. Depression/anxiety/emotional problem | 1 3 |
| n. Other impairment/problem | 1 4 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

72. For how long have your activities been limited because of your major impairment or healthproblem? (144-145)
- a. Days 1 _ _
 - b. Weeks 2 _ _
 - c. Months 3 _ _
 - d. Years 4 _ _
 - Don't know/Not Sure 7 7 7
 - Refused 9 9 9
73. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? (146)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9
74. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? (147)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9
75. During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation? (148-149)
- a. Number of days _ _
 - b. None 8 8
 - Don't know/Not sure 7 7
 - Refused 9 9

76. During the past 30 days, for about how many days have you felt sad, blue, or depressed?
(150-151)
- | | |
|---------------------|-----|
| a. Number of days | -- |
| b. None | 8 8 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |
77. During the past 30 days, for about how many days have you felt worried, tense, or anxious?
(152-153)
- | | |
|---------------------|-----|
| a. Number of days | -- |
| b. None | 8 8 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |
78. During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? (154-155)
- | | |
|---------------------|-----|
| a. Number of days | -- |
| b. None | 8 8 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |
79. During the past 30 days, for about how many days have you felt very healthy and full of energy?
(156-157)
- | | |
|---------------------|-----|
| a. Number of days | -- |
| b. None | 8 8 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

Module 35: Parenting

If Q41a, Q41b, Q41c are all “None” or “Refused” go to Next Module

0. What is the age of the oldest child in your household under the age of 18?

- | | | |
|----|---|-----|
| a. | Age of child | -- |
| b. | Child less than one year old (0 to 11 months old) | 5 5 |
| c. | No children under age 18 Go to Next Module | 8 8 |
| | Don't know/Not Sure Go to Next Module | 7 7 |
| | Refused Go to Next Module | 9 9 |

1. Are you a parent or a guardian of this child?

- | | | |
|----|--|---|
| a. | Yes | 1 |
| b. | No Go to Next Module | 2 |
| | Don't know/not sure Go to Next Module | 7 |
| | Refused Go to Next Module | 9 |

2. Would you say you are the parent or guardian who spends the most time caring for the [age from Q. 0] year old child?

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/not sure | 7 |
| | Refused | 9 |

3. Is the **[age from Q. 0]** year old child's time divided between parents or guardians who live in separate households?

a. Yes 1

b. No 2

Don't know/not sure 7

Refused 9

4. About how many hours did the **[age from Q. 0]** year old child watch television yesterday?

a. Number of hours of TV _ _

b. None 8 8

Don't know/Not Sure 7 7

Refused 9 9

If child is 5-17 years old go to Q. 5. If the child is aged 0-4 go to Q. 9

5. To the following questions please answer how many days out of the past seven days you did the following activities with the **[age from Q. 0]** year old child?

9 = Refused
8=Don't Know

a. Played a sport, physical game, or exercised together with the **[age from Q. 0]** year old child?

b. Played a non-physical game with the **[age from Q. 0]** year old child?

c. Watched television with the **[age from Q. 0]** year old child?

d. Spent at least 20 minutes talking with the **[age from Q. 0]** year old child?

e. Helped the **[age from Q. 0]** year old child with school activities or homework?

f. Made the **[age from Q. 0]** year old child responsible for completing a household chore?

g. Attended a game or event the **[age from Q. 0]** year old child participated in?

6. Please answer yes or no to the following questions. Are there family rules about:

PLEASE READ EACH	Yes	No	DK	Ref
a. What time the [age from Q. 0] year old child goes to bed on a school night	1	2	7	9
b. The amount of time the [age from Q. 0] year old child is allowed to watch television?	1	2	7	9
c. Which television programs and movies the [age from Q. 0] year old child is allowed to watch?	1	2	7	9
d. Which computer or video games the [age from Q. 0] year old child is allowed to play?	1	2	7	9

7. Where does the **[age from Q. 0]** year old child go most often when school lets out?

a.	Home	01
b.	Child care provider/babysitter	02
c.	Friend's home	03
d.	Neighbor's home	04
e.	Work	05
f.	Spends time with friends	06
g.	Community organization (YMCA, library, etc.)	07
h.	After school sport, club, or other organized activity	08
i.	Other (specify:_____)	09
j.	Not in school currently Go to Next Module	10
	Don't Know/Not Sure	77
	Refused	99

8. On how many days out of the past seven days was the [age from Q. 0] year old child supervised by an adult after school?

a. Number of days (5 = 5 or more days) **Go to Next Module** _

b. Not in school currently **Go to Next Module** 8

Don't know/Not Sure **Go to Next Module** 7

Refused **Go to Next Module** 9

9. To the following questions please answer how many days during the past seven days you have done the following activities with the [age from Q. 0] year old child.

9 = Refused
8 = Don't Know

a. Played a sport, physical game, or exercised with the [age from Q. 0] year old child? _

b. Played a non-physical game with the [age from Q. 0] year old child? _

c. Watched television with the [age from Q. 0] year old child? _

d. Read to the [age from Q. 0] year old child? _

10. About how many hours per week does the [age from Q. 0] year old child spend in a day care center, day care home, or pre-school?

a. Number of hours a week (76 = 76 or More) _ _

b. None 8 8

Don't know/Not Sure 7 7

Refused 9 9

Module 1: Health Care Coverage

If "Dk/Ns" or "Refused" to core Q. 2, go to next module.

I asked you previously about your health care coverage.

If "None" to core Q. 4a or core Q. 4b, continue. Otherwise, go to Q. 2.

1. What is the main reason you are without health care coverage?
 - a. Lost job or changed employers **Go to Next Module** 0 1
 - b. Spouse or parent lost job or changed employers
[includes any person who had been providing
insurance prior to job loss or change]
Go to Next Module 0 2
 - c. Became divorced or separated **Go to Next Module** 0 3
 - d. Spouse or parent died **Go to Next Module** 0 4
 - e. Became ineligible because of age or because
left school **Go to Next Module** 0 5
 - f. Employer doesn't offer or stopped offering
coverage **Go to Next Module** 0 6
 - g. Cut back to part time or became temporary
employee **Go to Next Module** 0 7
 - h. Benefits from employer or former employer ran
out **Go to Next Module** 0 8
 - i. Couldn't afford to pay the premiums **Go to Next Module** 0 9
 - j. Insurance company refused coverage **Go to Next Module** 1 0
 - k. Lost Medicaid or Medical Assistance eligibility
Go to Next Module 1 1
 - l. Other **Go to Next Module** 8 7
- Don't know/Not sure **Go to Next Module** 7 7
- Refused **Go to Next Module** 9 9

2. Other than [fill in type (Medicare/Medicaid/the health coverage which pays for most of your medical care) from core Q. 3, Q. 4a, or Q. 4b], do you have any other type of health care coverage?

**Do not
include
plans that
only cover
one type of
service or
care**

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

If respondent 66 years old or older, go to next module.

If respondent answered "no", "don't know", or "refused" to core Q. 6 the go to next module.

3. What was the main reason you were without health care coverage?

- | | |
|--|-----|
| a. Lost job or changed employers | 0 1 |
| b. Spouse or parent lost job or changed employers [includes any person who had been providing insurance prior to job loss or change] | 0 2 |
| c. Became divorced or separated | 0 3 |
| d. Spouse or parent died | 0 4 |
| e. Became ineligible because of age or because left school | 0 5 |
| f. Employer doesn't offer or stopped offering coverage | 0 6 |
| g. Cut back to part time or became temporary employee | 0 7 |
| h. Benefits from employer or former employer ran out | 0 8 |
| i. Couldn't afford to pay the premiums | 0 9 |
| j. Insurance company refused coverage | 1 0 |
| k. Lost Medicaid or Medical Assistance eligibility | 1 1 |
| l. Other | 8 7 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

Module 4: Preventive Counseling Services

The next questions are about counseling services related to prevention that you might have received from a doctor, nurse, or other health professional.

1. Has a doctor or other health professional ever talked with you about your diet or eating habits?

If yes,	a.	Yes, within the past 12 months (1 to 12 months ago)	1
ask "About	b.	Yes, within the past 3 years (1 to 3 years ago)	2
how long ago	c.	Yes, 3 or more years ago	3
was it?"	d.	No	4
		Don't know/Not sure	7
		Refused	9

2. Has a doctor or other health professional ever talked with you about physical activity or exercise?

If yes,	a.	Yes, within the past 12 months (1 to 12 months ago)	1
ask "About	b.	Yes, within the past 3 years (1 to 3 years ago)	2
how long ago	c.	Yes, 3 or more years ago	3
was it?"	d.	No	4
		Don't know/Not sure	7
		Refused	9

3. (Has a doctor or other health professional ever talked with you) about injury prevention, such as safety belt use, helmet use, or smoke detectors?

If yes,	a.	Yes, within the past 12 months (1 to 12 months ago)	1
ask "About	b.	Yes, within the past 3 years (1 to 3 years ago)	2
how long ago	c.	Yes, 3 or more years ago	3
was it?"	d.	No	4
		Don't know/Not sure	7
		Refused	9

4. (Has a doctor or other health professional ever talked with you) about drug abuse?

If yes, ask "About how long ago was it?"	a.	Yes, within the past 12 months (1 to 12 months ago)	1
	b.	Yes, within the past 3 years (1 to 3 years ago)	2
	c.	Yes, 3 or more years ago	3
	d.	No	4
		Don't know/Not sure	7
		Refused	9

5. (Has a doctor or other health professional ever talked with you) about alcohol use?

If yes, ask "About how long ago was it?"	a.	Yes, within the past 12 months (1 to 12 months ago)	1
	b.	Yes, within the past 3 years (1 to 3 years ago)	2
	c.	Yes, 3 or more years ago	3
	d.	No	4
		Don't know/Not sure	7
		Refused	9

If "No" to core Q. 30 or "Not at all" to core Q. 31, go to Q. 7

6. (Has a doctor or other health professional) ever advised you to quit smoking?

If yes, ask "About how long ago was it?"	a.	Yes, within the past 12 months (1 to 12 months ago)	1
	b.	Yes, within the past 3 years (1 to 3 years ago)	2
	c.	Yes, 3 or more years ago	3
	d.	No	4
		Don't know/Not sure	7
		Refused	9

If respondent 65 years old or older, go to next module

7. (Has a doctor or other health professional) ever talked with you about your sexual practices, including family planning, sexually transmitted diseases, AIDS, or the use of condoms?

If yes, ask "About how long ago was it?"	a.	Yes, within the past 12 months (1 to 12 months ago)	1
	b.	Yes, within the past 3 years (1 to 3 years ago)	2
	c.	Yes, 3 or more years ago	3
	d.	No	4
		Don't know/Not sure	7
		Refused	9

Module 6: Fruits and Vegetables

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods you eat. Include all foods you eat, both at home and away from home.

1. How often do you drink fruit juices such as orange, grapefruit, or tomato?

- a. Per day 1 _ _
- b. Per week 2 _ _
- c. Per month 3 _ _
- d. Per year 4 _ _
- e. Never 5 5 5
- Don't know/Not sure 7 7 7
- Refused 9 9 9

2. Not counting juice, how often do you eat fruit?

- a. Per day 1 _ _
- b. Per week 2 _ _
- c. Per month 3 _ _
- d. Per year 4 _ _
- e. Never 5 5 5
- Don't know/Not sure 7 7 7
- Refused 9 9 9

3. How often do you eat green salad?

- a. Per day 1 _ _
- b. Per week 2 _ _
- c. Per month 3 _ _
- d. Per year 4 _ _
- e. Never 5 5 5
- Don't know/Not sure 7 7 7
- Refused 9 9 9

4. How often do you eat potatoes not including french fries, fried potatoes, or potato chips?

- a. Per day 1 _ _
- b. Per week 2 _ _
- c. Per month 3 _ _
- d. Per year 4 _ _
- e. Never 5 5 5
- Don't know/Not sure 7 7 7
- Refused 9 9 9

5. How often do you eat carrots?

- a. Per day 1 _ _
- b. Per week 2 _ _
- c. Per month 3 _ _
- d. Per year 4 _ _
- e. Never 5 5 5
- Don't know/Not sure 7 7 7
- Refused 9 9 9

6. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?

Example:

**A serving of
vegetables at
both lunch
and dinner
would be two
servings**

a. Per day 1 _ _

b. Per week 2 _ _

c. Per month 3 _ _

d. Per year 4 _ _

e. Never 5 5 5

Don't know/Not sure 7 7 7

Refused 9 9 9

Module 9: Alcohol Consumption

1. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?
 - a. Yes 1
 - b. No **Go to Next Module** 2
 - Don't know/Not sure **Go to Next Module** 7
 - Refused **Go to Next Module** 9
2. During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average?
 - a. Days per week 1 _ _
 - b. Days per month 2 _ _
 - Don't know/Not sure **Go to Q. 4** 7 7 7
 - Refused **Go to Q. 4** 9 9 9
3. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you drink on the average?
 - Number of drinks _ _
 - Don't know/Not sure 7 7
 - Refused 9 9
4. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion?
 - a. Number of times _ _
 - b. None 8 8
 - Don't know/Not sure 7 7
 - Refused 9 9

5. During the past month, how many times have you driven when you've had perhaps too much to drink?

a. Number of times _ _

b. None 8 8

Don't know/Not sure 7 7

Refused 9 9

Module 8: Firearms

The next questions are about safety and firearms. Firearms include weapons such as pistols, shotguns, and rifles. In answering the questions, do not include BB guns, starter pistols, or guns that cannot fire.

1. Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicle.

- | | | |
|----|--|---|
| a. | Yes | 1 |
| b. | No Go to Next Module | 2 |
| | Don't know/Not sure Go to Next Module | 7 |
| | Refused Go to Next Module | 9 |

2. Are any of the firearms handguns, such as pistols or revolvers?

- | | | |
|----|----------------------|---|
| a. | Yes | 1 |
| b. | No Go to Q. 4 | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

3. Are any of the firearms long guns, such as rifles or shotguns?

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

4. What is the main reason that there are firearms in or around your home? Would you say for...

Please Read

- | | | |
|---------------------|-------------------|---|
| a. | Hunting or sport | 1 |
| b. | Protection | 2 |
| c. | Work | 3 |
| or | | |
| d. | Some other reason | 4 |
| Don't know/Not sure | | 7 |
| Refused | | 9 |

5. Is there a firearm in or around your home that is now both loaded and unlocked?

- | | | |
|---------------------|-----|---|
| a. | Yes | 1 |
| b. | No | 2 |
| Don't know/Not sure | | 7 |
| Refused | | 9 |

The next three questions are about using firearms. If you are a police officer or have another occupation that requires and authorizes you to use a firearm, do not include firearm-use associated with your job.

6. During the last 30 days, have you carried a loaded firearm on your person, outside of the home for protection against people?

- | | | |
|---------------------|-----|---|
| a. | Yes | 1 |
| b. | No | 2 |
| Don't know/Not sure | | 7 |
| Refused | | 9 |

7. During the last 30 days, have you driven or been a passenger in a motor vehicle in which you knew there was a loaded firearm?
- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |
8. During the last 12 months, have you confronted another person with a firearm, even if you did not fire it, to protect yourself, your property, or someone else?
- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |
9. In the past three years, have you attended a firearm safety workshop, class, or clinic?
- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |
10. Do any of the firearms kept in or around your home belong to you, personally?
- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

Module 28: Violence and Crime

These next few questions deal with violence or crime.

1. How afraid are you to leave your home at night? Would you say:

Please Read

a.	Very afraid	1
b.	Somewhat afraid	2
c.	A little afraid	3
or		
d.	Not afraid	4
	DON'T KNOW/NOT SURE	7
	REFUSED	9

2. When was the last time you saw a violent crime in your neighborhood (someone hurting or trying to hurt someone else)?

Read Only if Necessary

a.	Within the past week	1
b.	Within the past month	2
c.	Within the past year	3
d.	One or more years ago	4
e.	Never	5
	DON'T KNOW/NOT SURE	7
	REFUSED	9

3. During the past year have you known or seen anyone who was beaten or otherwise hurt by their husband, wife, boyfriend, or girlfriend?

- | | | |
|---------------------|-----|---|
| a. | Yes | 1 |
| b. | No | 2 |
| DON'T KNOW/NOT SURE | | 7 |
| REFUSED | | 9 |

Closing Statement

That was my last question. Everyone's answers will be combined to give us information about the health practices of people in Sumner County. Thank you very much for your time and cooperation.

Activity List for Common Leisure Activities: Coding List A

Code Description

01. Aerobics class
02. Backpacking
03. Badminton
04. Basketball
05. Bicycling for pleasure
06. Boating (canoeing, rowing, sailing for pleasure or camping)
07. Bowling
08. Boxing
09. Calisthenics
10. Canoeing/rowing – in competition
11. Carpentry
12. Dancing-aerobics/ballet
13. Fishing from river bank or boat
14. Gardening (spading, weeding, digging, filling)
15. Golf
16. Handball
17. Health club exercise
18. Hiking - cross-country
19. Home exercise
20. Horseback riding
21. Hunting large game - deer, elk
22. Jogging
23. Judo/karate
24. Mountain climbing
25. Mowing lawn
26. Paddleball
27. Painting/papering house
28. Racketball
29. Raking lawn
30. Running
31. Rope skipping
32. Scuba diving
33. Skating - ice or roller
34. Sledding, tobogganing
35. Snorkeling
36. Snowshoeing
37. Snow shoveling by hand
38. Snow blowing
39. Snow skiing
40. Soccer
41. Softball
42. Squash
43. Stair climbing
44. Stream fishing in waders

- 45. Surfing
- 46. Swimming laps
- 47. Table tennis
- 48. Tennis
- 49. Touch football
- 50. Volleyball
- 51. Walking
- 52. Waterskiing
- 53. Weight lifting
- 54. Other_____
- 55. Bicycling machine exercise
- 56. Rowing machine exercise

Coding List B

Lap Swimming

Size pool	Laps (1 lap = 2 lengths)
50 ft. pool	5 laps (10 lengths) = .1 mile
100 ft. pool	2½ laps (5 lengths) = .1 mile
50 meter pool	1½ laps (3 lengths) = .1 mile

Running/Jogging/Walking

½ mile = .5 mile
1/4 mile = .3 mile
1/8 mile = .1 mile
1 block = .1 mile